

## HA 4: Mass Casualty/Fatality Incident

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### 1.0 Introduction

#### Coordinating Agencies:

- Law Enforcement Agencies
- Coroner's Office
- Fire Departments
- Emergency Medical Services (EMS)

#### Cooperating Agencies:

- Lewis & Clark County DES
- St. Peter's Hospital
- Local Clinics & Healthcare Providers
- City/County Health Department
- Public Works Departments
- Tri-County CERT
- Civil Air Patrol (CAP)
- American Red Cross (ARC)
- Salvation Army
- Capitol City Amateur Radio Club (CCRC)/Amateur Radio Emergency Services (ARES)
- Local Funeral Homes and Mortuaries
- Montana Disaster & Emergency Services (MTDES)
- Montana Department of Public Health & Human Services (MTDPHHS)
- Montana Department of Transportation (MDT)

### 1.1 Purpose

This purpose of this annex is to provide the concepts, organization, and responsibilities to help ensure a coordinated, orderly, and expeditious response to a mass casualty incident (MCI) or mass fatality incident (MFI) within Lewis & Clark County. It is not intended to define or supplant Standard Operating Procedures/Guidelines (SOP/SOG) for any particular agency, but to provide a framework for operations based on lessons learned from this type of event.

### 1.2 Scope

A *Mass Casualty Incident* (MCI) is defined as any emergency in which the total number of patients from a single incident, or a combination of incidents exceeds the capabilities of the local response agency (s). Although the term "casualty" can mean both living and deceased victims, the term *Mass Fatality Incident* (MFI) is sometimes used as well, particularly in events with no or few survivors such as a catastrophic plane crash. For purposes of this annex, the term Mass Casualty Incident (MCI) will be used generally to describe either term.

### 1.3 Activation & Plan Maintenance

This annex may be activated independently or in conjunction with other Annexes, depending on the needs of the situation.

The primary responsibility for development and maintenance of this annex is that of LCCO Sheriff's Department with support from all cooperating agencies and departments.

This annex should be reviewed and revised annually, unless significant changes warrant earlier revision. Continued and regular revision and updating will keep this document valid and useful. Regular testing and exercising will establish the groundwork for efficient and expeditious delivery of assistance in times of emergency or disaster.

### 1.4 Policies

- ❖ This annex is effective upon approval.

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- ❖ Public safety officials within Lewis & Clark County are required to notify the County Coroner of any incident involving an unattended death, but have no responsibility for identifying victims or determining the cause or manner of death.
- ❖ Appropriate governmental and volunteer agency resources will be used as available.
- ❖ Services will be provided without regard to economic status or racial, religious, political, ethnic, or other affiliation.
- ❖ As much as possible, agencies and organizations involved in the execution of this annex should be organized, equipped, and trained to perform all designated and implied responsibilities contained in this annex and its implementing instructions for both response and recovery operations.
- ❖ Organizations are responsible for the development and maintenance of their own internal operating and notification procedures. No part of this annex is intended to supplant agency SOP/SOGs.
- ❖ Organizations are responsible for filling any important vacancies; recalling personnel from leave, if appropriate; and, alerting those who are absent due to other duties or assignments.
- ❖ Personnel designated as on-scene responders or representatives to the EOC should make prior arrangements to ensure that their families are provided for in the event of an emergency, so to ensure a prompt, worry-free response and subsequent duty.

## 2.0 Situation & Assumptions

### 2.1 Situation

- ❖ Refer to Basic Plan
- ❖ Lewis & Clark County is vulnerable to a variety of hazards that have the potential to cause multiple casualties including: earthquake, flood, severe weather, incidents involving hazardous materials, transportation accidents, and wildfire.

### 2.2 Assumptions

- ❖ Emergencies and disasters may occur without warning at any time of day or night, and may cause mass casualties.
- ❖ While some disaster/emergency events are slow moving and provide ample reaction time, the worst-case assumption for an MCI is that there will be little or no warning.
- ❖ There will not normally be time to obtain manpower support from outside resources immediately. Local government resources could be severely stressed.
- ❖ Some victims may self-transport to the emergency room or be transported by civilians.
- ❖ Demand for resources may be critical. An MCI may require the use of mutual aid agreements and a declaration of emergency to obtain the support necessary to handle the situation.
- ❖ Mass fatalities may be part of an MCI or an incident unto itself.
- ❖ Response structure should provide for appropriate legal and ethical care of the deceased.
- ❖ Stress is a natural reaction to a mass-casualty incident. Critical Incident Stress Debriefings (CISD) need to be provided to all personnel working on a mass casualty incident.
- ❖ A mass casualty incident may or may not be caused by criminal activity; however, all MCI/MFI scenes should be handled as crime scenes to facilitate the identification of victims and to aid in determining the cause of the incident. Exceptions may be made in the case of natural disasters.
- ❖ Because of the time involved in making positive identification of the victims, bodies may require appropriate storage for days or even weeks.
- ❖ Partial or full implementation of County, City and other agency plans may be required in conjunction with this plan.

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- ❖ Activation of the County Emergency Operations Center (EOC) will depend upon the scope of the accident/incident and the need for outside assistance.
- ❖ The safety of emergency response personnel is of paramount importance.

### 3.0 Concept of Operations

#### 3.1 General

- ❖ When a mass casualty incident occurs in the county, emergency responders will take appropriate action to save lives, secure the scene, and assure prompt notification of the necessary response agencies.
- ❖ Care should be taken to limit disturbance of the scene to those activities critical to the removal of living victims for transport to medical facilities. Once viable patients are removed, no action should be taken on remains or personal effects until the Coroner's arrival.
- ❖ Depending on the nature of the incident, the initial IC will likely be a law enforcement or fire official. Command may transition to Unified Command upon the arrival of EMS as appropriate to the situation. The Coroner may assume command of the incident once all life saving activities have been accomplished, survivors removed, and on-site hazards stabilized. More likely, command will be maintained by the initial IC or transferred to a more appropriate agency or jurisdiction; and the coroner's functions on scene will be accomplished through designation as a Branch or Group.
- ❖ Duties and responsibilities of personnel assigned to ICS positions that are not addressed in this plan (e.g., Safety, Liaison, Plans) should be in accordance with established ICS procedures.
- ❖ Based on the scope of the situation, a local emergency may be declared. This would put disaster laws and emergency measures into effect, thus enhancing the response and recovery effort. A request for state and federal resources may also be submitted if needed to secure additional/specialized assistance.
- ❖ Depending on the scope of the incident and the length of time necessary to complete emergency response and recovery operations, a rest/recovery area for response personnel should be established. This area should be separate from the staging area and accident scene when possible.
- ❖ In a disaster situation, identification of the dead is a critical issue; accordingly, remains must be treated with respect and dignity. Upon notification of the number of fatalities involved, the Coroner's Office will determine if it will be necessary to initiate procedures/guidelines to establish a temporary facility.
- ❖ The Coroner or designee will supervise/authorize the removal of dead victims. Emergency responders will not remove personal articles from the victims or from elsewhere at the scene (even for "safe keeping") until properly documented and accounted for.

#### Public Information

There is a great deal of public interest in mass casualties; therefore, the media will likely be on scene as soon as they hear about the incident.

- ❖ The Incident Commander will be responsible for assigning a Public Information Officer (PIO) to meet the needs of the media.
  - ◆ All information to be released should be cleared with the Incident Commander and/or Coroner as appropriate.
  - ◆ Only designated PIOs should speak with the media and provide them information related to the event.
  - ◆ Names of the deceased will be released to the media only after positive identification has been made, family notification has occurred, and approval is given by the Coroner.
- ❖ A designated "media center" should be established for the press to have an area to work in which will not interfere with operations at the scene and which is located away from the morgue and Family Assistance Center (FAC).
  - ◆ All media representatives should be directed to the established media information center.

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- ♦ A regular briefing schedule should be established for the media and, if possible, arranged around their deadlines.
- ♦ The media should not be allowed into the Family Assistance Center or other areas designated just for the families. However, media requests for interviews should be forwarded to the involved families for their consideration.
- ❖ Media access to the scene will be coordinated with and authorized by all appropriate authorities with "interest" in scene preservation, security, etc.
  - ♦ Once all victims are removed and upon approval of the IC and Coroner, the media may be escorted into the incident scene for photographs.
  - ♦ PIOs should personally escort the media at all times while they are at the incident scene.

### **Responder Health & Safety**

#### **Critical Incident Stress Management (CISM)**

- ❖ CISM resources and activities like Critical Incident Stress Debriefings should be made available to all personnel working the incident, including dispatchers and other off-site workers. The American Red Cross can assist in locating qualified mental health professionals.
  - ♦ Stress is a natural reaction to a mass-fatality incident. Case studies of critical incidents, where numerous injuries or fatalities occurred, have revealed that a significant number of rescue personnel experienced some form of stress-related symptoms following the incident.
  - ♦ A Critical Incident Stress Debriefing (*CISD*) is a group process with six phases designed to mitigate the impact of a critical incident on personnel and to accelerate their normal recovery process.

#### **Potential BIOHAZARD Situation**

- ❖ Every direct contact with body fluids has a transmissible infection potential. A high probability exists that workers at an incident involving mass casualties and/or fatalities will contact body fluids. The IC must take appropriate precautions for infectious disease control.
  - ♦ Based on the scope of the incident (number and condition of fatalities and severity of injuries), the IC may direct a HAZMAT type response.
  - ♦ The IC, in coordination with health and medical officials, should establish and enforce an appropriate level of protection for response and recovery personnel.
    - ♣ All personnel involved in response and recovery operations should wear approved safety equipment and protective clothing.
    - ♣ All other personnel should remain outside the inner perimeter until the Incident Commander declares it safe to enter.
  - ♦ Just as in a HAZMAT incident, hot and cold zones and suit-up and decontamination areas may be established.
  - ♦ Decontamination of all equipment and recovered wreckage/materials needs to be considered. Decontamination operations may require a request for state or federal support.
  - ♦ A means to dispose of the large quantities of biohazard materials generated must be identified and established.
  - ♦ Protective immunization and infectious disease screening should be considered for all personnel that may come in direct contact with remains.

### **3.2 Notifications**

- ❖ The most likely means of notification of an MCI will be through the 911 Dispatch Center which will then notify area response agencies.
- ❖ The DESC or his deputy may activate the EAS, if appropriate, by contacting the NWS (453-4561 / 2081) to initiate a public broadcast message. If phones are down, a message may be hand delivered to the primary EAS station, KMTX, at 516 Fuller Ave. Radio stations and TV stations will copy the message and interrupt regular programming for the broadcast.
- ❖ If communications are down, the most logical source of communications may be the local ARES organization, which is able to provide portable and self-sustained Ham radio communication.
- ❖ Notifications to next-of-kin are the responsibility of the Coroner (or designee).

### **3.3 Preparedness**

- ❖ Develop agency guidelines for notification, activation and management during a Mass Casualty/Mass Fatality Incident.
- ❖ Develop inventory and procedures/guidelines necessary for rapid acquisition of emergency mortuary supplies and personnel.
- ❖ Maintain a resource list of municipal facilities designated as suitable for mass casualty operations during an emergency or disaster.
- ❖ Train personnel and exercise the Mass Casualty/Mass Fatality Annex.

### **3.4 Response**

- ❖ Determine the nature and extent of the mass fatality event.
- ❖ Notify and coordinate support agencies and organizations involved in the response to a mass fatality incident.
- ❖ Requests for assistance in the form of mutual aid may be referred from ESF-8 (Public Health and Medical Services).
- ❖ Facilitate the collaboration of county, regional and state officials to determine whether to request federal assistance.
- ❖ If needed, initiate support for decontamination of bodies.
- ❖ Establish staging area for body recovery and delivery to temporary morgues.
- ❖ Initiate assistance from law enforcement (ESF-13) to enable perimeter security and security for scene operations, evidence collection, and morgue security.
- ❖ Establish Family Assistance Center to support local operations and mobilize staff.
- ❖ Initiate counseling teams to provide psychological aid to fatality management workers and families of victims.
- ❖ Secure evidence/personal effects collection site.
- ❖ Provide appropriate information regarding the event to public information (ESF-15) to support family and media communications.
- ❖ Establish a numbering system for the tracking of all human remains.
- ❖ Establish additional morgue operations as needed.
- ❖ Mobilize volunteers to staff temporary morgue sites.
- ❖ Initiate system to support victim identification, including support for forensic identification from partners.
- ❖ Request information from law enforcement databases to aid the victim identification.

- ❖ Determine if final disposition needs may necessitate alternative interment or other means of disposition for the public's health, safety and welfare.

### 3.5 Recovery

- ❖ Early in the incident, a Demobilization Plan needs to be developed to ensure resources are returned to the owning organizations (or vendor) when they are no longer needed. The plan can be for the entire incident or a separate plan can be developed for each operational/functional area (e.g., site operations, Search and Recovery, Mortuary Services, Family Assistance Center).
- ❖ All incident workers should attend a Critical Incident Stress Debriefing (CISD) after the incident is over.
  - ◆ In addition to the end-of-shift briefings, CISD sessions should be scheduled after the incident or after a specific function of the incident has been completed.
  - ◆ Incident workers should be given a list of symptoms of Post Traumatic Stress Disorder and contact numbers for support services in their local area.
- ❖ Initiate an exit survey or final out-brief of incident workers to validate existing plans and identify any corrective actions that may be needed.
- ❖ Some type of formal recognition needs to be made of incident volunteers and city/county employees that function in roles beyond the scope of their normal jobs.
- ❖ Develop and maintain a list of the documentation requirements of all the involved agencies. The list should be used to ensure that everyone receives the documentation needed for their files and reports.
- ❖ Ensure that all remains and personal effects have been identified and returned to next-of kin as appropriate.
- ❖ Ensure that death certificates have been issued in accordance with state regulations.
- ❖ In instances of floods, earthquakes or other emergencies which may disturb established gravesites, assist local responders in re-interment of bodies, caskets, etc.
- ❖ Provide for the release of information related to disaster-related deaths but limit information to those fatalities that have been officially confirmed by local government officials.
- ❖ Provide continued support to fatality management personnel on where and how to obtain medical, psychological and financial assistance.
- ❖ Submit appropriate documentation necessary for reimbursement of emergency expenses.
- ❖ Conduct a post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan (AAR/IP).
- ❖ Revise plans to reflect changes in implementing programs and procedures/guidelines, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.

### 3.6 Mitigation

- ❖ Pre-designate temporary morgue sites
- ❖ Develop agreements for the use of temporary morgue sites, facilities or vehicles
- ❖ Conduct specialized MCI/MFI training and education
- ❖ Identify MCI/MFI response resources like CISM Teams, DMORTs, DMATs, and others and ensure their contact information is easily accessible should an event occur.

## **4.0 Organization & Responsibilities**

### **4.1 Organization**

- ❖ Mass Casualty Incidents will likely require a Unified Command ICS structure to manage effectively. Participating agencies may include law enforcement, fire, EMS, Public Health, and the Coroner if fatalities are present or are likely.
- ❖ The EOC may be activated to support field response operations with information and resource coordination.

### **4.2 Responsibilities**

#### **Coordinating Agencies**

##### **Law Enforcement**

- ❖ Coordinate Incident Scene Security:

Scene security is crucial to maintain site integrity, keep onlookers from taking souvenirs, maintain chain of custody, and protect the public and response personnel.

- ♦ *Perimeter* - The scene requires a clearly marked perimeter. An established perimeter will help control the overwhelming numbers of volunteers that may converge on the scene, maintain the dignity and privacy of victims, and keep citizens from witnessing mutilated bodies.
  - ♣ When possible, determine and protect the full extent of the incident site. This will include all wreckage, debris, victims, survivors, and fatalities.
  - ♣ Secure the site by cordoning off the area, when possible, and assign sufficient personnel to enforce the perimeter.
  - ♣ Establishing two perimeters is usually beneficial:
    - An outer perimeter restricts unauthorized persons from approaching the incident scene and on-scene emergency operations.
    - An inner perimeter separates the on-scene emergency response and support functions from the incident scene. It helps limit access to the incident scene to properly outfitted personnel with specific tasks to perform.
  - ♣ Public works personnel may be needed to place barricades and establish detour routes as part of the outer perimeter and to re-route traffic.
- ♦ *Entry Control Point* - An Entry Control Point and a positive identification control system should be established at the scene. Account for all personnel entering and leaving the area. A check in/out system accounts for all workers and ensures no one is left or lost inside the perimeters.
  - ♣ The IC may authorize the use of federal, state, and jurisdictional identification cards for granting access to the staging areas and Incident Command locations.
  - ♣ Security personnel should restrict access inside the inner perimeter to those who are issued specific authorization and identification (e.g., specially designed badges, armbands, or distinctive insignia/clothing).
  - ♣ Proper identification procedures will also help ensure that emergency personnel work only their scheduled shift times (i.e., keeps workers from over-extending themselves).
- ♦ During long-term operations, especially on "high-visibility incidents," access control procedures should be changed daily to foil attempts by unauthorized individuals to gain entry (e.g., change colors of workers' badges/arm bands, etc.).
- ♦ Wearing a uniform or being an emergency responder should not be the sole authorization for an individual to enter the scene.



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- ♦ Maintain security until all of the appropriate authorities have released control of the scene.
- ❖ Coordinate security for the Family Assistance Center and morgue/temporary morgue facilities, as needed.
- ❖ Assume incident command once all lifesaving and fire suppression activities have been completed (as appropriate).
- ❖ Assist in reconstruction and investigation of the scene.

### **Coroner's Office** (also see [\*Coroner's Annex\*](#))

The County Coroner's Office is the lead agency for the collection, storage, and disposition of all human remains and their personal effects.

- ❖ Procure equipment and supplies necessary for:
  - ♦ Tag and flag operations.
  - ♦ Establishment of a temporary morgue, if needed.
  - ♦ Body transport.
  - ♦ Temporary cold storage (portable units -e.g., refrigeration trucks, or portable refrigeration containers).
- ❖ Make appropriate notifications and report to incident scene to provide advice and assistance to the IC while survivors are rescued.
- ❖ Analyze resource needs and request assistance, as required.
- ❖ Establish and supervise Tag & Flag Teams.
- ❖ Identify, set up, and coordinate activities at the Incident Morgue to include:
  - ♦ Victim tracking.
  - ♦ Fingerprinting.
  - ♦ Physical examinations.
  - ♦ Withdrawal of blood and body fluids.
  - ♦ Forensic examinations.
  - ♦ Victim identification.
  - ♦ Preparation for final disposition and release of remains.
- ❖ Determine identity and cause of death (as able), complete reports, and work with the State ME for issuance of death certificates as needed.
- ❖ Arrange for release or disposition of personal effects.

### **EMS**

- ❖ Assist with survivor triage and treatment.
- ❖ Identify and set up the Transport Area and designate a Transport Group Supervisor.

### **Fire Services (ESF 4)**

- ❖ Respond to the scene and assume incident command if survivors are present and/or if the scene requires fire suppression/prevention or hazardous materials response activities.
- ❖ Make appropriate notifications for assistance.
- ❖ Stabilize the incident scene.
- ❖ Rescue, triage, and treat survivors.
- ❖ Assist with protection of the incident site.
- ❖ Assist with search and recovery as resources and the situation permit.

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### **Cooperating Agencies**

#### **ALL**

- ❖ Provide a representative to the EOC during the response and recovery phases.
- ❖ Coordinate with Incident Commander to confirm number of casualties and fatalities and to determine the scope of the mass casualty incident.
- ❖ Ensure that the handling of human remains is conducted in a humane and lawful manner.
- ❖ Provide assistance in notification of victims' families.
- ❖ Coordinate pre-disaster planning and training with support agencies.
- ❖ Document costs for reimbursement and auditing purposes.
- ❖ Evaluate and review procedures/guidelines to ensure operational readiness.
- ❖ Assist in identifying personnel and resources to support this Annex.
- ❖ Work with LCCO DES to keep this Annex up-to-date.

#### **Health & Medical Services (ESF 8)**

- ❖ Maintain a database of locally available medical resources.
- ❖ Maintain a current contact list of agencies that support alternate care sites with staffing and other resources.
- ❖ Coordinate with local clinics and private healthcare providers to monitor their capability to support the overall health care effort during a disaster or emergency.
- ❖ Notify local area hospitals upon identification of a mass casualty incident.
- ❖ Provide assistance in establishing a casualty tracking system program.
- ❖ Coordinate with local hospitals to identify and prioritize distribution of scarce medical resources during a declared emergency of disaster.
- ❖ Coordinate with local hospitals to determine current and expected medical surge capacity.
- ❖ Coordinate with local area hospitals and State Medical Examiner's Office to establish staging areas and temporary morgue facilities for mass fatality incidents that exceed or are expected to exceed local capacity.

#### **American Red Cross (ARC) (ESF 6)**

- ❖ Provide a representative to the EOC to coordinate ARC operations.
- ❖ Identification of possible locations and facilities for the establishment of support centers for personnel working during the response and recovery stages of the disaster.
- ❖ Establishment of locations/facilities for support of survivors and victim's families.
- ❖ Coordination of special care requirements for unaccompanied children, the aged, the handicapped and other requiring special considerations
- ❖ Provide a locator service to answer inquiries about people in the disaster area.
- ❖ Provide crisis counseling and mental health services for families of victims.

#### **Chief Elected Officials (ESF 5)**

- ❖ Declare an emergency and/or a disaster with up to a 2-mill levy, if appropriate. Separate declarations are required for each affected jurisdiction (county, Helena, East Helena.) A disaster declaration will allow a request to the MTDES for assistance.

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### **DES**

- ❖ Give assistance and guidance to agencies & departments in the development of mass casualty incident response plans.
- ❖ Maintain a list of municipal facilities suitable for mass casualty operations during an emergency or disaster.
- ❖ Assist in the development of pre-scripted warning messages and Special News Advisories.
- ❖ Operate the EOC at the appropriate level, maintain a chronological log of incident events, and coordinate for resources.
- ❖ Provide County PIO with information for media releases. Provide public information if the PIO is not available
- ❖ Coordinate with the ARC for any sheltering needs.
- ❖ Coordinate with local agencies for staffing and resource support.
- ❖ Coordinate activities, manpower, supplies and equipment from private mortuary services.
- ❖ Coordinate special care requirements for unaccompanied children, the aged, the handicapped and other requiring special considerations.
- ❖ Support recovery actions.
- ❖ Notify Montana DES if it appears State or Federal assistance may be necessary.

### **EMS**

- ❖ Assist with survivor triage and treatment.
- ❖ Identify and set up the Transport Area and designate a Transport Group Supervisor.

### **Fire Services (ESF 4)**

- ❖ Respond to the scene and assume incident command if survivors are present and/or if the scene requires fire suppression/prevention or hazardous materials response activities.
- ❖ Make appropriate notifications for assistance.
- ❖ Stabilize the incident scene.
- ❖ Rescue, triage, and treat survivors.
- ❖ Assist with protection of the incident site.
- ❖ Assist with search and recovery as resources and the situation permit.

### **Law Enforcement (ESF 13)**

- ❖ Provide perimeter control and scene security.
- ❖ Provide security for the Family Assistance Center and morgue/temporary morgue facilities, as needed.
- ❖ Assume incident command once all lifesaving and fire suppression activities have been completed (as appropriate).
- ❖ Assist in reconstruction and investigation of the scene.

### **Public Works (ESF 3)**

- ❖ Provide equipment, personnel, and other resources for heavy rescue operations, and/or traffic control as needed.
- ❖ Coordinate debris removal and disposal for locally maintained roads and bridges and repair damage, as necessary.
- ❖ Identify contractors who can provide heavy and specialized equipment support and individuals and businesses that will lease equipment.

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### **Montana Disaster & Emergency Services (DES)**

- ❖ Coordinate assistance to local government and mobilization of resources per the provisions of the [Montana Emergency Response Framework](#).

### **Federal Emergency Management Agency (FEMA)**

- ❖ Administers assistance to the state pursuant to [PL 93-288 of the Disaster Relief Act of 1974, Section 417](#), when threat would constitute a major disaster.

## 5.0 Authorities and References

### 5.1 Authorities

- ❖ See [Section 5.1](#) of Basic Plan.
- ❖ Aviation Disaster Family Assistance Act of 1996

### 5.2 References

- ❖ See [Section 5.2](#) of Basic Plan.
- ❖ **Lewis and Clark County, Montana. November, 2005.** Section III, Hazard Specific Annexes, Annex 5 – Mass Casualty Incident.
- ❖ **Sanders County Montana. October 2010.** Mass Fatality & Mass Casualty Incident Annex.
- ❖ **Pottawatomie County Florida. March 2004.** Mass Fatality Plan.
- ❖ **South Central Pennsylvania. August 2007.** Regional Mass Casualty/Mass Fatality [Incident Response Plan](#).
- ❖ **Target Capabilities List. September 2007.** Fatality Management.

## 6.0 Attachments

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## Section IV: Hazard Annexes

### Attachment 1: Acronyms

Acronym	Meaning
AAR/IP	After Action Report/Improvement Plan
ARC	American Red Cross
ARES	Amateur Radio Emergency Services
CAP	Civil Air Patrol
CCRC	Capitol City Radio Club
CEO	Chief Executive Officer ( <i>also Chief Elected Official</i> )
CERT	Community Emergency Response Team
CISD	Critical Incident Stress Debriefing
CISM	Critical Incident Stress Management
DES	Disaster And Emergency Services
DESC	DES Coordinator
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DPHHS	Dept. of Public Health & Human Services
EAS	Emergency Alert System
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FAC	Family Assistance Center
FEMA	Federal Emergency Management Agency
HAZMAT	Hazardous Material
IAP	Incident Action Plan
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
JIC	Joint Information Center
LCCO	Lewis & Clark County
LE	Law Enforcement
LEPC	Local Emergency Planning Committee
MCA	Montana Code Annotated
MCI	Mass (or Multiple) Casualty Incident
MDT	Montana Department of Transportation
ME	Medical Examiner
MFI	Mass (or Multiple) Fatality Incident
MTDEQ	Montana Department of Environmental Quality
MTDES	Montana Disaster & Emergency Services
NWS	National Weather Service
P.L.	Public Law
PIO	Public Information Officer

#### **Section IV: Hazard Annexes**

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Acronym	Meaning
SAR	Search & Rescue
SECC	State Emergency Coordination Center (MTDES)
SOP/SOG	Standard Operating Procedures/Guidelines
VA	Veteran's Administration



## **Attachment 2: Definitions**

**Branch:** The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the section and the division or group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area. (NIMS)

**Critical Incident Stress Management (CISM):** A formal program designed to reduce the psychological impact of an incident and educate the emergency responders and the public about stress and ways to deal with it by alleviating adverse reactions to a catastrophic incident such as a WMD/terrorism mass casualty incident. The program's professional counseling services focus on the emergency responders during the response phase of the incident (defusing sessions) and the emergency responders and incident victims through support groups and outreach seminars that assist in handling grief and stress.

**Decontamination (DECON):** The reduction or removal of a chemical, biological, or radiological material from the surface of a structure, area, object, or person.

**Delayed Injury Patient (Yellow):** A patient who is stable but will require medical care when evaluated in compliance with the START triage system; this patient could deteriorate to the immediate category. The triage color for a "Delayed Injury Patient" is yellow.

**Disaster Medical Assistance Team (DMAT):** A group of professional and paraprofessional medical personnel, supported by a logistical and administrative staff, designed to provide emergency medical care during mass casualty incidents. They are designed to be a rapid response element to supplement local medical care until other federal or contract assets can be mobilized and deployed or the incident is resolved. Each team has a sponsoring organization such as a major medical center, public health or safety agency, non-profit, public or private organization that enters into a Memorandum of Understanding (MOU) with the DHHS Public Health Service (PHS). The DMAT sponsor organizes the team, recruits members, and coordinates training and the deployment of the team. They are primarily a community resource available to support local and state requirements; however, as a national asset they can be federalized to provide interstate assistance. DMAT deploys to disaster sites with sufficient supplies and equipment to sustain themselves for 72 hours while providing medical care at a fixed or temporary medical care site.

**Disaster Mortuary Operational Response Team (DMORT):** DMORTs are directed by the National Disaster Medical System (NDMS) and are organized around the ten FEMA Regions. They are a group of private citizens, each certified and licensed in their particular field of expertise, who are activated in the event of an emergency incident. When activated, they work under the guidance of local authorities. DMORTs provide technical assistance and personnel to recover, identify, and process deceased remains. The teams are composed of funeral directors, medical examiners, coroners, pathologists, forensic experts, fingerprint specialists, forensic odontologists, dental assistants, and X-ray technicians. The NDMS, in support of the DMORT program, maintains a Disaster Portable Morgue Unit (DPMU) in Gaithersburg, Maryland.

**EMS Branch:** The organizational level having functional responsibility for conducting emergency medical operations at an MCI.

**Family Assistance Branch:** The organizational level in the MFI Operations Section responsible for death notifications and disaster counseling and mental health service provision.

**Group:** The organizational level having functional responsibility for major segments of incident operations. Groups are located between branches and resources in the Operations Section.

**Immediate Injury Patient (Red):** A patient who, after evaluation in compliance with the START triage system, is critical and in need of immediate care. The triage color for an "Immediate Injury Patient" is RED.

**Logistics Section:** The section of the NIMS responsible for providing facilities, services, and materials for the MCI incident (security, food, fuel, supplies, etc.).

**Mass Casualty Incident (MCI):** An incident or an unusual event with multiple patients, which overwhelms the capabilities or has a significant impact (airplane crash, terrorism, hazmat, etc.) on EMS, response resources and area hospitals and the health care system.

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**Mass Decontamination (Mass DECON):** The decontamination of large numbers of patients from exposure to chemical, biological, or radiological contamination, in a rapid manner in the field. Mass DECON is generally accomplished by fire service units.

**Mass Fatality Incident (MFI):** An incident with multiple fatalities, which overwhelms the capabilities or has a significant impact on the County Coroner's operations and/or investigation and fatality management resources. Mass fatality incidents are designated as such.

**Minor Injury Patient (Green):** A patient who, after evaluation in compliance with the START triage system, is identified with minor injuries requiring minimal treatment. The triage color for a "Minor Injury" patient is GREEN.

**Mobile Communications Unit (MCU):** A vehicle that serves as a self-sustaining mobile operations center capable of operating in an environment with little to no basic services, facilitating communications between multiple entities using an array of fixed and/or wireless communications equipment, providing appropriate work space for routine support functions, and providing basic services for personnel in short-term or long-term deployments.

**Mortuary Branch:** The organizational level in a Mass Casualty/Fatality Operations Section responsible for transport and recovery of the deceased and site examination and mortuary sites.

**Simple Triage and Rapid Treatment (START) Triage System:** A multi casualty rapid triage system. SMART triage tags are utilized as a component of this system. Pediatric triage is also identified as a component of the START Triage System.

**Site Processing Branch:** The organizational level in the MFI Operations Section responsible for site review, evidence collection and documentation.

**Staging:** A specific area where resources are assembled in an area at, or near, the incident scene to await deployment or assignment. Staging areas are assigned to the Operations Section. The EMS staging area is developed under the EMS Branch in the Operations Section (See Transport Group).

**Technical DECON:** The systematic removal of chemical, biological or radiological contaminants from patients/equipment, by trained and protected personnel, according to a site specific Decontamination Plan.

**Temporary Field Morgue:** A segregated area, adjacent to a field triage location, for deceased victims. The triage color for victims who will not receive treatment (deceased) is BLACK.

**Transport Group:** The EMS Branch Group responsible for acquisition and coordination of all patient transport resources. Usually this section is responsible for coordinating the destination hospital or other health care facility for all patients removed from an MCI scene. The Transport Group typically includes an EMS staging area (See Staging).

**Treatment Group:** The EMS Branch Group responsible for collecting and treating patients in a centralized location, once rescue/DECON has occurred.

**Triage:** The act of sorting patients by the severity of their medical conditions.

**Triage Group:** The EMS Branch Group responsible for conducting triage of patients at an MCI.

**Unified Command:** A standard method to coordinate command of an incident when multiple agencies have functional, geographical or jurisdictional control. Typically, a lead individual is identified for a Unified Command Team. MCI and MFI are typically handled by a Unified Command.

## **Attachment 3: Search & Recovery Operations**

Simply stated, search and recovery normally involves locating and removing at least: bodies, body parts, and personal effects. A good S&R team will document everything found at the disaster site, as it may help in the investigation and in the morgue operations. A good policy is to treat every site as a crime scene, until the medical examiner/ coroner says differently. As a rule of thumb search teams systematically search and mark where bodies, body parts, and personal effects are located with either pin flags, stakes, etc. A team member will assign a number to that particular finding. They log each finding on a grid chart, photograph it and move on until the search is completed.

Recovery starts after the search of an area is complete. Bodies and body parts must be treated with dignity and respect at all times. Each finding should be tagged with the number assigned by the search team. Bodies and body parts should be placed into a body bag or acceptable substitute. A tag with the same number as the finding inside the bag should be placed on the outside of bag. The body bag should be removed from the scene and taken to a location designated by the coroner. Personal effects found on the body should not be removed from the victims at the scene. If weathering may be a problem, the personal effects may, with Coroner approval, be wrapped in plastic and affixed to the body or body part. Victim identification is a function of the morgue operations, not the search and recovery team.

### **General:**

- ❖ Once all life-saving actions are completed, the tempo of operations will usually slow. Evidence preservation and collection becomes paramount, and the urgency to accomplish other tasks becomes secondary.
- ❖ Responders should not move or touch remains without direction or approval by the Coroner.
- ❖ The removal of remains must be handled in accordance with investigative needs for identification of the victims, determination of cause and manner of death, notification of next of kin, and further investigation into the cause of the incident.
- ❖ Care should be taken not to remove decedents until they have been photographed, diagrammed, and videotaped in place to assist in the identification process.
- ❖ The scene should be minimally disturbed to accomplish victim recovery. If a major disruption of the scene is necessary for recovery, associated investigative agencies should be present at the time the scene is significantly altered.
- ❖ The use of a numbering system for initial identification (ID) of victims is suggested, even if the identity of the victim(s) is known.
  - ♣ A master list of number designations should be maintained by the Coroner.
    - ♦ A different series of numbers should be used for each grid area or location to be searched (e.g., the SW grid will be 001 to 200 and the NE grid will be 201 to 400).
    - ♦ Use of a prefix or suffix with the number can help identify what was recovered:
      - B = Body (e.g., 201 B)
      - P = Part (e.g., 202 P)
      - E = Effect (e.g., 203E)
  - ♣ Bodies and body parts should be individually identified with a numbering system of tags and location flags.
  - ♣ Bodies/body parts should be placed in individual protective pouches, with the assigned number of the body/body part clearly visible on a tag attached to the outside of the pouch, and moved to the area designated for transport to an Incident Morgue or holding facility.
- ❖ Dismembered bodies should not be re-associated without the assistance of forensic pathologists or anthropologists on scene.
  - ♣ Dismembered remains should be numbered and should not be commingled with other bodies/body parts at the scene.

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- ♣ Individual “bags or containers” should be used for remains that appear to be unrelated.
- ❖ Personal effects obviously related to a decedent should be tagged with a number corresponding to the decedent, photographed in place with the number visible, and removed with the body to the Transport Area. This includes jewelry, wallets, and other possible identifiers which should be left with the victim for later identification, inventory, and security.

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### **Identifying Locations of Bodies and Body Parts:**

The extent and type of the incident will determine the best method to use for identifying the location of bodies, body parts, and personal effects.

- ❖ Gridding is a method for identifying different areas where bodies, body parts, and personal effects are found, especially over a large area.
  - ♣ Gridding subdivides a large area into squares that are smaller and more manageable. Letters and/or numbers identify these smaller areas. A 20' x 20' square is an acceptable sized area to work with. If an area (square) has a high concentration of items, it may be subdivided.
  - ♣ Gridding is typically used for accidents/collisions and manmade disasters (fires and explosions).
  - ♣ Total station equipment may be one means of gridding a scene.
- ❖ For body placement after a natural disaster, use of existing landmarks or addresses may be more practical (e.g., Body 56 was found 10' from the doorstep of #76 P Street).
- ❖ For scenes covering a large geographic area, G.P.S. (Global Positioning System) is another possible means of documenting the locations of bodies and body parts.

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### **Transfer of Remains from Incident to Morgue:**

- ❖ The Coroner or a designated representative will coordinate the transportation of remains from the incident scene to the morgue.
  - ♣ Bodies and body parts should be removed from the incident scene as quickly as possible once the required investigative activities are completed.
  - ♣ Once rescue activities are completed and viable patients have been removed, incoming body transport vehicles should be staged until ordered by the Coroner to transport a victim.
  - ♣ Responders may remove remains, when authorized, from the initial location to a staging area for transportation to the morgue site. This initial movement may require litters, stretchers, or other specialized removal equipment. All identification markers (e.g., flags) should remain where they were placed.
  - ♣ Whenever possible, there should be two persons in each transportation vehicle for security purposes.

#### **Transport Area**

- ❖ A Transport Area needs to be established at the scene to allow for the efficient loading of victims into vehicles for transport to the designated facility.
- ❖ This area should be established as close as possible to the incident site so that bearers will not have to travel great distances and/or casualties will not have to be moved around excessively.
- ❖ Since removal of bodies will probably not begin until all survivors are evacuated from the scene, the area established for emergency medical transport may serve as a satisfactory location for the mortuary transport function.
- ❖ Ideally, the area would allow a vehicle to proceed directly from staging to the scene, be loaded, and then depart promptly for its destination.

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- ♣ The area should have good road access and allow for safe loading.
- ♣ The area should be established within the outer perimeter and out of view of the media, family members, and the public.
- ❖ Care should be taken to assure that loading of victims is done professionally and with respect for the bodies.

### Transport Group Supervisor

The Incident Commander should designate someone to serve as the Transport Group Supervisor to coordinate the transportation of victims.

- ❖ Law enforcement, fire, or ambulance personnel trained as Medical Transportation Officers may be used.
- ❖ It is the responsibility of the Transport Group Supervisor to assure that necessary tracking and record keeping are accomplished.
  - ♣ Receive the body/body parts at the Transport Area from bearers. Verify that the number on the pouch matches the number on the tag attached to the body/remains and enter the number on the Master Transportation Log.
  - ♣ Receive and inventory any personal effects brought in with the victim, verify the items are tagged with the same number as the victim, and note on the Master Transportation Log.

### Transfer of Remains

The transfer of remains from the scene to the morgue should be conducted discreetly and respectfully, using "closed" vehicles whenever possible.

- ❖ Request transport vehicles from the staging area.
- ❖ Check all body and bag numbers to be sure they match.
- ❖ Log all bag numbers transported, the transporting vehicle number, the transport vehicle crew, and the dispatch time (24-hour clock).
- ❖ Records should be kept at the staging area as to the identification of the vehicle and its driver, and the tag number of the deceased transported.
- ❖ The vehicle driver should sign the log as the transporter.
- ❖ Each transport vehicle should have a crew of two people whenever remains or effects are being transported.
- ❖ Route information should be provided to all drivers and company names should not be visible on transport vehicles.
- ❖ All vehicles should travel the same route from the transport area to the morgue and should not travel at excessive speeds.
- ❖ The route to the morgue should be coordinated with law enforcement and public works.
- ❖ Additional vehicles should be requested from the staging area as needed. Space out requests and dispatches to prevent vehicles from getting backed up at the scene or at the morgue site.
- ❖ Besides funeral homes, licensed body removal and transport companies may be used.

### Rehab Area:

Work and rest schedules for crews need to be established based on the working conditions. Factors affecting the work/rest schedule include, but are not limited to, temperature, weather, terrain, and condition of remains. An area needs to be established where the crews can go during their rest cycles.

- ❖ When possible, the area should be close enough to the incident scene that personnel can walk to it but remain out of view of incident operations.

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- ❖ The area should be secured with entry controls to allow personnel to rest/relax without interruption by media or unauthorized personnel.
- ❖ The Rehab Area should offer:
  - ♣ A place for personnel to clean up during breaks and, if possible, showers for use at the end of their shifts.
  - ♣ Food and beverages suitable for the conditions.
  - ♣ Chairs and cots.
  - ♣ Crisis counselors.
  - ♣ Distractions (TV, radio, books, magazines).
  - ♣ First aid/medical support.
- ❖ All workers should be made to comply with the established work/rest schedule to minimize the chances of burnout or critical stress.

### **Assembly Area:**

An Assembly Area needs to be established for the briefing/debriefing of Recovery Teams.

- ❖ Assembly Area setup:
  - ♣ The Assembly Area should be near the incident scene and, if possible, adjacent to the Incident Command Post.
  - ♣ The area should provide some shelter from the elements (inside a building) and have seats for team members.
- ❖ The Recovery Team personnel should report to the Assembly Area once they are dispatched from the staging area.
  - ♣ Teams should be assigned if not previously accomplished.
  - ♣ Teams should be given a general briefing on site conditions, safety procedures/guidelines, work/rest schedule, and documentation and recovery procedures/guidelines.
  - ♣ Specific team taskings should be made (i.e., where the different teams will work) and any team-specific instructions based on these taskings will be provided.
- ❖ After completing their shift, Recovery Team personnel should return to the Assembly Area (after decon/cleanup) to be out-briefed.
  - ♣ Teams should outline what they accomplished during the shift. Anything that occurred beyond what was expected should be mentioned/documented, including injuries to team members and any instances of possible exposure to hazardous materials (including biohazards).
  - ♣ Recovery documentation should be reviewed for completeness.
  - ♣ Any shortages of supplies/equipment should be noted as well as any additional items that may be needed.
  - ♣ Initial Critical Incident Stress counseling should be integrated into the debriefing, including a list of the symptoms of Post Traumatic Stress Disorder.

### **Decontamination Area:**

A Decontamination (Decon) Area may be needed for the decontamination of recovery workers, equipment, and other items as identified by the Incident Commander and local health officials.

- ❖ The Decon Area should be established and staffed by trained and knowledgeable personnel, in accordance with federal, state, and local regulations and procedures/guidelines. Sources for personnel trained in decontamination procedures include regional HAZMAT teams, private contractors, and the military.

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- ❖ For most incidents, the Decon Area should include:
  - ♣ Biohazard containers for disposing of disposable suits, gloves, foot coverings, filtration masks and mask filters, and any other potentially contaminated disposable items.
  - ♣ A means for cleaning non-disposable equipment and supplies:
    - Hardhats
    - SCBAs or other respiratory protection (if used)
    - Tools (shovels, pry-bars, etc.)
    - Flashlights
  - ♣ Facilities for recovery workers to use for cleaning up if they were potentially exposed.
  - ♣ A means of cleaning other items such as the personal property of victims and evidence where it has been determined that decontamination of the item(s) will not destroy/eliminate anything of potential investigative value.

## **Attachment 4: Morgue Operations**

### **Incident Morgue:**

An Incident Morgue is the location where victims are identified, cause of death is determined, property is identified and secured, and disposition decisions are made.

- ❖ During a mass-fatality incident, a centrally located Incident Morgue should be identified/established.
- ❖ Depending on the number of fatalities, the Incident Morgue may be established at an existing morgue or in a temporary morgue established specifically for the incident.
- ❖ Local funeral homes and other private funeral service providers may be able to provide temporary holding facilities until the victims can be transferred to the Incident Morgue.
- ❖ Refrigerated trucks may be required to serve as temporary cold storage facilities at the Incident Morgue location.

### **Morgue Security:**

Security and access control needs to be established at the Incident Morgue and any other locations used for the temporary storage of remains to limit entry to authorized personnel only.

- ❖ The security detail at the Incident Morgue and temporary storage locations should include clergy or crisis counselors who can intervene if family members of incident victims try to enter the site.

### **Morgue Reception Area:**

The Morgue Reception Area is the location within the Incident Morgue where bodies being transferred from the scene are delivered and processed into the facility.

- ❖ The Morgue Reception Area should maintain records as to the tag number of the deceased transported/received and identification of the vehicle and its driver.
- ❖ Log all bag numbers arriving, the transporting vehicle number, the transporting vehicle crew, and the time of arrival (24-hour clock).
- ❖ The vehicle driver should sign the log as the transporter.
- ❖ Compare the number on the bag to the number on the body/remains.
- ❖ Photograph the body for identification purposes.

### **Identification of Remains:**

The identification process starts after the remains are removed from the scene of a mass-fatality incident.

- ❖ Be thorough and accurate while examining for identification clues, preserving evidence, and preparing reports.
- ❖ Do not rely solely on the visual identification of survivors.
- ❖ Bodies should not be released until the Coroner is certain of positive identification. All identification data is recorded and studied along with the report of data from survivors that the medical examiner/coroner compares with examination data.

### **Unidentified Remains:**

In situations when unidentified remains exist, the Coroner will decide and provide direction regarding their disposition.

- ❖ Hold the body for later identification.
- ❖ Bury the body after all means of identification have been tried and photographs have been taken.



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- ❖ Each unidentified body should be placed in a separate casket or grave, when possible, with burial in a nondenominational service.

### **Return of Remains to Family Members:**

- ❖ Upon positive identification of the remains, the family or next of kin will be contacted.
- ❖ The Coroner will coordinate the release of the remains and personal effects to the next of kin or their representative.
- ❖ Where embalming or preparation of the remains is authorized, a Disposition Group should coordinate planning for later transportation of the remains to the family's designated funeral home, cemetery, or other destination.

### Attachment 5: Family Assistance Center (FAC)

Word of a possible mass casualty incident will spread quickly and families and friends of possible victims are likely to proceed to the scene. A designated location for families to gather should be established as a Family Assistance Center in an area that is away from the scene. The FAC is one of the most sensitive operations in a mass fatalities event. Its purposes are:

- ♣ To provide relatives of victims with information and access to services they may need in the days following the incident
- ♣ To protect families from the media and curiosity seekers
- ♣ To allow investigators and the coroner access to families so they can obtain information more easily
- ❖ The FAC has become so important that federal law recommends one to be established whenever a major aviation disaster occurs. Staffing for the FAC is important.
- ❖ A FAC should be established quickly, in an area such as a hotel, conference center, school, or church.
- ❖ The needs of family members must be considered. Care must be taken to assure that their privacy is protected and that they are kept abreast of the situation with information on their loved one(s) provided as soon as it is available.
- ❖ Regular briefings by the coroner or staff will help keep the families informed. Meeting with the families on an individual basis early on makes it possible to start the process of collecting antemortem records for use in the morgue operations.
- ❖ Family members should have access to separate areas where they can grieve in private and have use of TV, phones, and clergy or counselors. Grief counselors should be available.
- ❖ Personnel from the American Red Cross possessing trained counseling skills and funeral service personnel are good at working with grieving families.
- ❖ Translators may be necessary when working with families from foreign countries.
- ❖ There are many volunteer organizations and community businesses able to assist during a mass fatality incident response.
- ❖ Personnel at traffic control points and perimeter security need to know where to direct family members trying to get to the scene.